

UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

December 21, 2005

OLIFF & BERRIDGE, PLC P.O. BOX 19928 ALEXANDRIA, VA 22320 US

Dear Sir/Madam,

Your refund request for 10787189 in the amount of \$406.00 has been denied .

SEE CLAIM 31. WHEN YOU SAY ANYONE OF THE PROCEEDING CLAIMS YOU WILL BE CHARGED FOR 30 CLAIMS. Total claims is 68 - 20 allowed and we charged you for $48 \times \$9.00 = \432.00

Sincerely,

ELEANOR KURTZ Technical Center Others 703 308-9010 x177

BEST AVAILABLE COPY

DEPLREF

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

John WAIN et al. OB 107 25 14 2:35

Refund Section Accounting Div. Office of Finance

OFFICE GFFICE Application No.: 10/787,189

Docket No.:

118866

Filed: February 27, 2004

For:

MONITORING AND REJECTION SYSTEM AND APPARATUS

SECOND REQUEST FOR REFUND TO DEPOSIT ACCOUNT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached hereto is a copy of a Monthly Statement of Deposit Account (dated May, 2004) showing a charge of \$261.00 and \$145.00 related to the above-referenced application. These charges are marked with Fee Codes 2202 and 2203, which is the Patent Office Fees for claims in excess of 20 and multiple dependent claims respectively. However, on February 27, 39 total claims, including 5 independent claims, were paid for with check number 151554, in the amount of \$642.00. A Preliminary Amendment was also filed on February 27, eliminating the multiple dependent claims. Also attached is a copy of the PTO date stamped receipt for the original Request for Refund filed on June 21, 2004.

Accordingly, it is respectfully requested that this charge be re-credited to Deposit Account No. 15-0461 and that the Patent Office acknowledge this credit in writing.

Respectfully submitted,

Registration No. 27,075

Joel S. Armstrong Registration No. 36,430

JAO:JSA/emt

Date: November 23, 2005

OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320

DEPOSIT ACCOUNT USE AUTHÓRIZATION

BEST AVAILABLE COPY

DEPLREF PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

John WAIN et al.

208 107 95 14 25 35

Refund Section Accounting Div. Office of Finance

Application No.: 10/787,189

US PATEKT I THE TELEVARIK GEFICE

Docket No.: 118866

Filed: February 27, 2004

For:

MONITORING AND REJECTION SYSTEM AND APPARATUS

SECOND REQUEST FOR REFUND TO DEPOSIT ACCOUNT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached hereto is a copy of a Monthly Statement of Deposit Account (dated May, 2004) showing a charge of \$261.00 and \$145.00 related to the above-referenced application. These charges are marked with Fee Codes 2202 and 2203, which is the Patent Office Fees for claims in excess of 20 and multiple dependent claims respectively. However, on February 27, 39 total claims, including 5 independent claims, were paid for with check number 151554, in the amount of \$642.00. A Preliminary Amendment was also filed on February 27, eliminating the multiple dependent claims. Also attached is a copy of the PTO date stamped receipt for the original Request for Refund filed on June 21, 2004.

Accordingly, it is respectfully requested that this charge be re-credited to Deposit Account No. 15-0461 and that the Patent Office acknowledge this credit in writing.

Respectfully submitted,

James A. Oliff Registration No. 27,075

Joel S. Armstrong Registration No. 36,430

JAO:JSA/emt

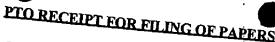
Date: November 23, 2005

OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320

DEPOSIT ACCOUNT USE AUTHORIZATION







Mail Room (Regular Delivery)

The following papers have been filed:

Request for Refund w/cpy monthly deposit accnt, stmnt.

Name of Applicant: John WAIN et al.

Serial No.: 10/787,189

Atty. File No.: 118866

Title (New Cases):

Sender's Initials: JAO/emt



304/25

PATENT OFFICE DATE STAMP

COPY TO BE STAMPED BY D. -



BEST AVAILABLE COPY

Requested Statement Month:

Deposit Account Number:

Name:

Attention:

Address:

City:

State:

Zip:

May 2004

150461

OLIFF & BERRIDGE P L C

BARBARA WATTS

277 SOUTH WASHINGTON STREET

ALEXANDRIA

VA

22314

			22314	7	•
DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET	FEE	AMT
05/21	3	10787189 10787189	NBR	CODE	i m41.1
05/21	4		118866	2202	\$261.00 \$145.00
			118866	2203	